

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

SECRETARY OF THE SENATE

14 OCT 17 AM 11:40

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

FRIENDS OF TOM BYRNE

ADDRESS (number and street) ▼

101 HUN ROAD

Check if different  
than previously  
reported. (ACC)

PRINCETON

NJ

08540

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00347591

3. IS THIS  
REPORT☒NEW  
(N)

OR

AMENDED  
(A)

NJ

00

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

☒ October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M / D D / Y Y

in the  
State of

(c) 30-Day POST-Election Report for the:

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M / D D / Y Y

in the  
State of

5. Covering Period

M M / D D / Y Y

07 01 / 2014

2014

through

M M / D D / Y Y

09 30 / 2014

2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Gioia M Cassidy

Signature of Treasurer

*Gioia M. Cassidy*

Date

10 / 14 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)